

Lincoln Police Department
James Peschong, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR CHRIS BEUTLER

lincoln.ne.gov

September 19, 2011

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of CVS Pharmacy, 5611 South 27th Street requesting a class D liquor license.

Don Westerlin has requested that he be approved as the manager of the liquor license.

Background information on the applicant will be omitted as he is a currently approved manager of a liquor license.

The required training was completed on October 8th 2009.

Stockholder information has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police

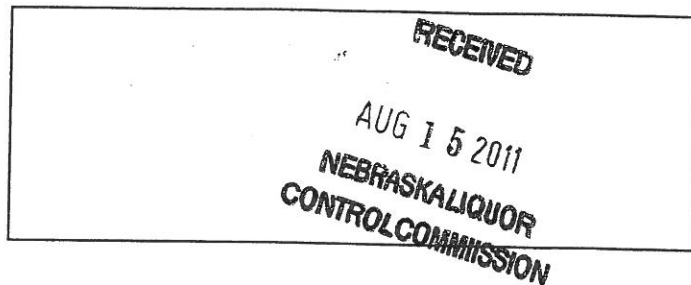


A nationally accredited law enforcement agency



**APPLICATION FOR LIQUOR LICENSE
RETAIL**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov/



**CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES
CHECK DESIRED CLASS**

RETAIL LICENSE(S)

Application Fee \$400 (non refundable)

- ☐ A BEER, ON SALE ONLY
☐ B BEER, OFF SALE ONLY
☒ C BEER, WINE, DISTILLED SPIRITS, ON AND OFF SALE
☐ D BEER, WINE, DISTILLED SPIRITS, OFF SALE ONLY
☐ I BEER, WINE, DISTILLED SPIRITS, ON SALE ONLY
☐ AB BEER, ON AND OFF SALE
☐ AD BEER ON SALE ONLY, BEER, WINE, DISTILLED SPIRITS OFF SALE
☐ IB BEER, WINE, DISTILLED SPIRITS ON SALE, BEER OFF SALE ONLY
☐ ID BEER, WINE, DISTILLED SPIRITS ON AND OFF SALE

- ☐ Class K Catering license (requires catering application form 106) \$100.00

Additional fees will be assessed at city/village or county level when license is issued

Class C license term runs from November 1 – October 31
All other licenses run from May 1 – April 30
Catering license (K) expires same as underlying retail license

CHECK TYPE OF LICENSE FOR WHICH YOU ARE APPLYING

- ☒ Individual License (requires insert form 1)
☐ Partnership License (requires insert form 2)
☐ Corporate License (requires insert form 3a & 3c)
☒ Limited Liability Company (LLC) (requires form 3b & 3c)

NAME OF ATTORNEY OR FIRM ASSISTING WITH APPLICATION (if applicable)

Commission will call this person with any questions we may have on this application

Name David (Buck) Heim, Esq./Bridget M. Stuhr, Legal Assistant Phone number: 402-346-6000

Firm Name Kutak Rock LLP

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CONTROL COMMISSION

PREMISE INFORMATION

Trade Name (doing business as) CVS/Pharmacy #4033

Street Address #1 5611 South 27th Street

Street Address #2 _____

City Lincoln

County Lancaster #2

Zip Code 68516

Premise Telephone number pending

Is this location inside the city/village corporate limits:

☒

YES

☐

NO

Mailing address (where you want to receive mail from the Commission)

Name CVS Pharmacy

Street Address #1 One CVS Drive

Street Address #2 Licensing Department/MD 23062A

City Woonsocket

State Rhode Island

Zip Code 02895

**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED
READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 95 feet
Width 142 feet

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Please see attached.

**MANAGER APPLICATION
INSERT - FORM 3c**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
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Corporate manager, including their spouse, are required to adhere to the following requirements

- 1) Must be a citizen of the United States
- 2) Must be a Nebraska resident (Chapter 2 - 006) and must provide proof of voter registration in the State of Nebraska
- 3) Must provide a copy of one of the following: state issued US birth certificate, naturalization paper or US passport
- 4) Must submit their fingerprints (2 cards per person) and fees of \$38 per person, made payable to the Nebraska State Patrol
- 5) Must be 21 years of age or older
- 6) Applicant may be required to take a training course

pass port voter reg

Corporation/LLC information

Name of Corporation/LLC: Nebraska CVS Pharmacy, L.L.C.

Premise information

Premise License Number: _____

(if new application leave blank)

Premise Trade Name/DBA: CVS Pharmacy #4033

Premise Street Address: 5611 South 27th Street

City: Lincoln State: Nebraska Zip Code: 68516

Premise Phone Number: Pending

The individual whose name is listed as a corporate officer or managing member as reported on insert form 3a or 3b must sign their name below

CORPORATE OFFICER/MANAGING MEMBER SIGNATURE
(Faxed signatures are acceptable)

Manager's information must be completed below PLEASE PRINT CLEARLY

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Gender: ☒ MALE ☐ FEMALE

Last Name: Westerlin First Name: Don

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D.
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Home Address (include PO Box if applicable): 3906 Village Ct.

City: Lincoln County: Lancaster Zip Code: 68516

Home Phone Number: 402-423-1987 Business Phone Number: 402-423-3839

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: North Platte, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES

☐ NO

spousal

Spouse's information

Spouses Last Name: Westerlin First Name: Mary MI: K.

Social Security Number: _____ Drivers License Number & State: _____ NE

Date Of Birth: _____ Place Of Birth: St. Louis, MO

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln, Nebraska	1993	present	Lincoln, NE	1993	present

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NEBRASKALIQUEUR
CONTROL COMMISSION



APPLICATION FOR LIQUOR LICENSE
LIMITED LIABILITY COMPANY (LLC)
INSERT - FORM 3b

NEBRASKA LIQUOR CONTROL COMMISSION
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All members including spouse(s), are required to adhere to the following requirements:

- 1) All members spouse(s) must be listed
- 2) Managing/Contact member and all members holding over 25% interest and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Managing/Contact member and all members holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

805
Acct
#

10081278

Attach copy of Articles of Organization (Articles must show barcode receipt by Secretary of States office)

Name of Registered Agent: C T Corporation System

Name of Limited Liability Company that will hold license as listed on the Articles of Organization
Nebraska CVS Pharmacy, L.L.C.

LLC Address: One CVS Drive

City: Woonsocket State: RI Zip Code: 02895

LLC Phone Number: 401-765-1500 LLC Fax Number: 401-767-7887

Name of Managing/Contact Member

Name and information of contact member must be listed on following page

Last Name: Lankowsky First Name: Zenon MI: P.

Home Address: 4 Francis Farm Road City: Harrisville

State: RI Zip Code: 02830 Home Phone Number: 401-765-1500

Signature of Managing/Contact Member

State of RHODE ISLAND
County of Providence

ACKNOWLEDGEMENT

The foregoing instrument was acknowledged before me this

Date July 22, 2011

by Zenon P Lankowsky
name of person acknowledged

Therese M. Fluette

Affix Seal

Therese M. Fluette
Notary Public

State of Rhode Island
My Commission Expires 09/02/2013

List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Lankowsky First Name: Zenon MI: P

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Carol Ann (Miller) Lankowsky

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Signed
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Last Name: DeNale First Name: Carol MI: A

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: Moffatt First Name: Thomas MI: S

Social Security Number: _____ Date of Birth: 1

Spouse Full Name (indicate N/A if single): Alexandra (McDonald-Swift) Moffatt

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: Corrigan First Name: Terence MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Amy (Kirby) Corrigan

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

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List names of all members and their spouses (even if a spousal affidavit has been submitted)

Last Name: Cimbron First Name: Linda MI: M

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Paul Cimbron

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: Luker First Name: Melanie MI: K

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: Clark First Name: Jeffrey MI: E

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Jennifer (Unterman) Clark

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: Desrochers First Name: Jason MI: D

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Tammy (Dunham) Desrochers

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

List names of all members and their spouses (even if a spousal affidavit has been submitted)

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Last Name: Zaslavskiy First Name: Marina

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Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): Yaroslav Zaslavskiy

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership 0

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Percentage of member ownership _____